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STATEMENT OF

FORM 1		ORGAN	IIZATIO	N		Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if naming is changed)		nple:If typing, type the lines.	12FE4M	W	
National Ass	ociation	of Theatre Ov	wners, In	c. Political A	Action Comr	nittee (NAT	O-PAC)
	<u> </u>	1 1 1 1 1 1 1		<u> </u>	<u> </u>	<u> </u>	
ADDRESS (number a	nd street)	750 First S		E	 	1 1 1 1 1	
(Check if ac	ddress	Suite 1130					
is changed)		Washingto	n 		DC	20002	
			CITY		STATE	ZIP CO	DE
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only	one e-mail ade	dress)			•
Charle if	- 44	trh@natod	c.com,	<u>11111</u>	1 1 1 1 1 1		
(Check if is change			11111	 			
COMMITTEE'S WEB	B PAGE ADD	DRESS (URL)		•		e e e e e e e e e e e e e e e e e e e	
Charle if	مۇمىلە -	L	<u> - - - - - - - - - - - - - </u>		11111	<u>.</u> 	
. (Check if is change			<u></u>		11111		
2. DATE OS	2 3	<u>2010</u>				·	
3. FEC IDENTIFIC	CATION NU	IMBER (
4. IS THIS STATE	MENT 🔀		OR	AMENDED (/	A)		
I certify that I have o	examined th	is Statement and to the	e best of my l	knowledge and bei	lief it is true, correc	ct and complete.	
Type or Print Name	of Treasurer	Todd Hals	stead				
Signature of Treasure	er	tollle			Date	29 °]′[2010 <u> </u>
NOTE: Submission of		ous, or incomplete inform					U.S.C. §437g.
Office Use Only				For further informat Federal Election Com Toll Free 800-424-953	mission	FEC FOI (Revised 02	

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· ·	. F	EC For	m 1 (Revised 02/2009)	Page 2
5.			OMMITTEE Committee:	٠.,
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
	Name Cand			
i	Cand Party	idate Affiliatio	Office Sought: House Senate President	State District
•	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			!
] }	Part	y Com	imittee: (National, State	emocratic,
)) !	(d)			publican, etc.) Party.
·	Polit	ical A	ction Committee (PAC):	
	(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
				abor Organization
				Cooperative
	(f)	П	In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segre	enated fund or party
	(1)	Ц	committee. (i.e., nonconnected committee)	sgated fulld of party
			In addition, this committee is a Lobbyist/Registrant PAC.	
		······································	In addition, this committee is a Le≘dership PAC. (Identify sponsor on line 6.)	
		Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Comr	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number C	

	FEC Form 1 (Revised 6	02/2009)	Page 3
W	/rite or Type Committee Name		
N	lational Associatio	of Theatre Owners, Inc. Political Action C	Committee (NATO-PAC)
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representa	itive, or Leadership PAC Sponsor
IN	lational Associ	ation of Theatre Owners, Inc.	
L			
	Mailing Address	750 First Street, NE	
	3	Suite 1 130	
		Washington	Ci 120002, I-I
		CITY STAT	
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of t	he person in possession of committee
	Full Name David	Binet	
	Mailing Address	750 First Street, NE	
	Mailing Address	Suite 1,130	
		ıWashington IDC	20002 1_1
	Title or Position	CITY STATE	ZIP CODE
	Custodian of Rec	ords Telephone number	[202,]-[962,]-[0,0,5,4]
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commassistant treasurer).	ittee; and the name and address of
	Full Name of Treasurer	Halstead	
	Mailing Address	750 First Street, NE	
		Suite 1,130	
		Washington	C _{I 1} 20002 , _{I-I} , , , ,
	Tible on Bestale	CITY STATE	ZIP CODE
	Title or Position Treasurer	Telephone number	202, _ 870, _ 8069 ,]

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	Full Name of Designated Agent	[Gary ΚΙείη , , , , , , , , , , , , , , , , , , ,	
	Mailing Address	750 First Street, NE	· · · · · · · · · · · · · · · · · · ·
		Suite 1130	
		Washington D	C 20002
	Title or Position [Assistant T	reasurer Telephone number	[292] - [962] - [0954]
9.		Depositories: List all banks or other depositories in which the committee de oxes or maintains funds. Depository, etc.	posits funds, holds accounts, rents
		[Wachoγia βank , , , , , , , , , , , , , , , , , , ,	
	Mailing Address	D1118-02D	
		P.O. Box 563966	
		[Charlotte	C [28256]-[3966]
		CITY STAT	TE ZIP CODE
	Name of Bank, I	Depository, etc.	
	Mailing Address		
			لىنىا-لىنىنا ك
		CITY STA	TE ZIP CODE

(3/2005)

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